

1998 U.S. PTO  
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PTO/SB/50 (12-97)

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## REISSUE PATENT APPLICATION TRANSMITTAL

U.S. PTO  
11/04/98

<b>Address to:</b> <b>Assistant Commissioner for Patents</b> <b>Box Patent Application</b> <b>Washington, DC 20231</b>	Attorney Docket No.	30566.57USRE
	First Named Inventor	Brian D. Gant
	Original Patent Number	5,572,639
	Original Patent Issue Date (Month/Day/Year)	November 5, 1996
	Express Mail Label No.	EL140907958US
	Total Pages	86

**APPLICATION FOR REISSUE OF:**  Utility Patent  Design Patent  Plant Patent  
(check applicable box)

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input checked="" type="checkbox"/> Transfer drawings from Patent File		
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable)		
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 CFR 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54)	11. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired		
or <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	12. <input checked="" type="checkbox"/> Preliminary Amendment		
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)	14. <input checked="" type="checkbox"/> Other: Check No. 1371 for \$2372. to cover Reissue filing fee. ..... .....		
<input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney			

### 15. CORRESPONDENCE ADDRESS

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

30566.57USRE

09/186270

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 24	Total Claims (37 CFR 1.16(j))	(B) 81	**** 57 = x \$ ____ =	or		x \$22 =	\$ 1254.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 7	* 4 = x \$ ____ =			x \$82 =	\$ 328.00
Basic Fee (37 CFR 1.16(h))				\$			\$ 790.00
Total Filing Fee				\$		OR	\$ 2372.00

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee				\$			OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0494.  
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A check in the amount of \$ 2372.00 to cover the filing / additional fee is enclosed.

Nov. 4, 1998

Date

Signature of Applicant, Attorney or Agent of Record

George H. Gates  
Typed or printed name